

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN3201	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER HERITAGE CENTER, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1026 MCFARLAND STREET MORRISTOWN, TN 37814		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 000	Initial Comments During the annual Licensure survey, and investigation of complaint numbers 32566 and 32679, conducted on October 28-30, 2013, at The Heritage Center, no deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.	N 000	K029 NFPA 101 LIFE SAFETY CODE STANDARD <u>CORRECTIVE ACTION:</u> The facility Maintenance Director and/or designee will repair the unsealed penetrations and penetrations sealed with sheetrock mud above the lay in ceiling by the fire doors near room 308 with (2) hour fire caulk. The facility Maintenance Director and/or designee will re-install the door closers for the shower room that was converted to a staff meeting room. The facility Maintenance Director and/or designee will replace the damaged hinge for the clean linen door by room 131. Completion date 11/30/13. <u>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</u> All residents have the potential to be affected. The facility Maintenance Director and/or designee will inspect the facility fire door areas for further unsealed penetrations and penetrations sealed with sheetrock mud above the lay in ceilings. The facility Maintenance Director and/or designee will check all rooms used to store combustibles to ensure they are provided with working door closures. The facility Maintenance Director and/or designee will check all facility door closures to ensure they are working properly in accordance with NFPA 101 19.3.2.1. Completion date 11/30/13. <u>SYSTEMIC CHANGES:</u> The Maintenance Director and/or designee will conduct a monthly audit x 3 months for	11/30/13 11/30/13 12/14/13	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

Executive Director

(X6) DATE

11/13/13

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If continuation sheet 1 of 1

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2013

FORM APPROVED

OMB NO. 0938-0381

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445215	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/28/2013
NAME OF PROVIDER OR SUPPLIER HERITAGE CENTER, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1026 MCFARLAND STREET MORRISTOWN, TN 37814		
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K 029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined fire rated construction is maintained. The findings include:</p> <ol style="list-style-type: none"> 1. Observation and interview with the Maintenance Director, on October 28, 2013 at 10:05 a.m. confirmed unsealed penetrations and penetrations sealed with sheetrock mud above the lay in ceiling by fire doors near room 308. 2. Observation and interview with the Maintenance Director, on October 28, 2013 at 10:15 a.m. confirmed the shower room that was converted to a staff meeting room was being used to store combustibles was not provided with door closers (NFPA 101, 19.3.2.1 (7)). 3. Observation and interview with the Maintenance Director, on October 28, 2013 at 2:05 p.m. confirmed the clean linen room door by room 131 had a damaged hinge and failed to close in its frame. <p>These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on</p>	K 029	<p>all facility fire door areas for further unsealed penetrations and penetrations sealed with sheetrock mud above the lay in ceilings, an audit x 3 months for all rooms used to store combustibles to ensure they are provided with working door closures, and an audit x 3 months to check all facility door closures to ensure they are working properly in accordance with NFPA 101 19.3.2.1.</p> <p><u>MONITORING:</u> The Maintenance Director and/or designee will report the monthly audit results to the Performance Improvement Committee on a monthly basis x 3 months for further interventions if indicated. Performance Improvement Committee members include the Executive Director, Director of Nursing, Assistant Directors of Nursing, Medical Director, Staff Development Coordinator, and Department Managers.</p> <p>K038 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p><u>CORRECTIVE ACTION:</u> The Maintenance Director will have the therapy gym delayed-egress exit door serviced by the contracted vendor to ensure it releases when the fire alarm is activated. The facility Maintenance Director or designee will install a sign at the dining room exit door to the outside delayed-egress magnetically locked door that reads "PUSH UNTIL ALARM SOUNDS-DOOR CAN OPENED IN 15 SECONDS." Both will be repaired in accordance with NFPA 101, Sec. 7.2.1.6. Completion date 11/30/13.</p>	12/14/13	
				11/30/13	

LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 029	Continued From page 1 October 28, 2013.	K 029	<u>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</u> All residents have the potential to be affected. All other facility delayed-egress exit doors were inspected and found to be releasing properly during the fire drill. All other facility delayed-egress magnetically locked doors had the appropriate signage in place.	11/30/13	
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 2 of 7 magnetically locked doors were in accordance with NFPA 101, Sec. 7.2.1.6 for special locking hardware. Findings include: 1. Observation and interview during the fire drill with the Maintenance Director, on October 28, 2013 at 10:05 a.m. confirmed the Therapy gym delayed-egress exit door to the outside failed to release when the fire alarm activated. The staff were able to unlock the door using the key code. 2. Observation and interview with the Maintenance Director, on October 28, 2013 at 1:45 p.m. confirmed the dining room exit door to the outside delayed-egress magnetically locked door was not provided with a sign reading: PUSH UNTIL ALARM SOUNDS - DOOR CAN BE OPENED IN 15 SECONDS. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 28, 2013.	K 038	<u>SYSTEMIC CHANGES:</u> The Maintenance Director and/or designee will conduct a monthly audit x 3 months for all facility delayed-egress magnetically locked doors to ensure for proper release and proper signage. <u>MONITORING:</u> The Maintenance Director and/or designee will report the monthly audit results to the Performance Improvement Committee on a monthly basis x 3 months for further interventions if indicated. Performance Improvement Committee members include the Executive Director, Director of Nursing, Assistant Directors of Nursing, Medical Director, Staff Development Coordinator, and Department Managers.	12/14/13 12/14/13	
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are	K 062	K062 NFPA 101 LIFE SAFETY CODE STANDARD		

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K 062	Continued From page 2 continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: NFPA 25, 5.2.1.1.1 Sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the proper orientation (e.g., upright, pendent, or sidewall). Based on observation and interview, it was determined sprinkler heads were free of foreign material. The findings include: 1. Observation and interview with the maintenance director on October 28, 2013 at 11:20 a.m. confirmed the attic sprinkler heads visible from the "blood room" and pantry area accesses were covered with blown-in insulation. 2. Observation and interview with the maintenance director on October 28, 2013 at 12:10 p.m. confirmed 1 of 2 sprinkler heads in the kitchen dishwashing area were corroded. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 28, 2013.	K 062	<u>CORRECTIVE ACTION:</u> The attic sprinkler heads visible from the "blood room" and pantry area will be cleaned in accordance with NFPA 25, 5.2.1.1.1. The insulation installer will perform the cleaning under the supervision of the Maintenance Director and/or designee. The corroded sprinkler head in the kitchen dishwashing area will be cleaned in accordance with NFPA 25, 5.2.1.1.1. Completion date 11/30/13. <u>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</u> All residents have the potential to be affected. All attic sprinkler heads will be inspected and cleaned as necessary in accordance with NFPA 25, 5.2.1.1.1. The insulation installer will perform the inspection and cleaning under the supervision of the Maintenance Director and/or designee. All facility sprinkler heads will be inspected and cleaned as necessary in accordance with NFPA 25, 5.2.1.1.1 by the Maintenance Director and/or designee to ensure they are corrosion free. Completion date 11/30/13.	11/30/13	11/30/13
K 067 SS-E	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	K 067	<u>SYSTEMIC CHANGES:</u> The Maintenance Director and/or designee will conduct a monthly audit x 3 months for all facility sprinkler heads in the attic to ensure compliance with NFPA 25, 5.2.1.1.1. The Maintenance Director and/or designee will conduct a monthly audit x 3 months for all facility sprinkler heads to ensure compliance with NFPA 25, 5.2.1.1.1.	12/14/13	

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K 067	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined exhaust and return air ducts were not maintained clean in accordance with NFPA 90A. The findings include: Observation of exhaust and return air ducts with the maintenance director on October 28, 2013 between 9:45 a.m. and 1:30 p.m. confirmed heavy lint build-up in numerous shower rooms, janitors closets, and in the kitchen by the serving line area. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 28, 2013.	K 067	<u>MONITORING:</u> The Maintenance Director and/or designee will report the monthly audit results to the Performance Improvement Committee on a monthly basis x 3 months for further interventions if indicated. Performance Improvement Committee members include the Executive Director, Director of Nursing, Assistant Directors of Nursing, Medical Director, Staff Development Coordinator, and Department Managers. K067 NFPA 101 LIFE SAFETY CODE STANDARD <u>CORRECTIVE ACTION:</u> The exhaust and return air ducts for all facility shower rooms, janitors closets, and in the kitchen by the serving line will be cleaned by the Director of Maintenance, Director of Environmental Services, and/or designees in accordance with NFPA 90A. Completion date 11/30/13. <u>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</u> All residents have the potential to be affected. All facility exhaust and return air ducts will be cleaned by the Director of Maintenance, Director of Environmental Services, and/or designees in accordance with NFPA 90A. All Maintenance Staff and all Housekeeping/Laundry Staff will be re-educated/in-serviced by the Maintenance Director for proper cleaning requirements of exhaust and return air ducts in accordance with NFPA 90. Completion date 11/30/13. <u>SYSTEMIC CHANGES:</u> The Maintenance Director and/or designee will conduct a monthly audit x 3 months for all facility exhaust and return air ducts to ensure compliance with NFPA 90A.	12/14/13	11/30/13
				11/30/13	12/14/13

MONITORING:

The Maintenance Director and/or designee will report the monthly audit results to the Performance Improvement Committee on a monthly basis x 3 months for further interventions if indicated. Performance Improvement Committee members include the Executive Director, Director of Nursing, Assistant Directors of Nursing, Medical Director, Staff Development Coordinator, and Department Managers.

12/14/13